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APR 20 2007

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To:

| NAME: | FACSIMILE: | TELEPHONE: |
|---------------|----------------|------------|
| Mail Stop RCE | (571) 273-8300 | |

FROM: Barbara M. Hayashi

DATE: April 20, 2007

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| Number of pages with cover page: | 12 | Our Reference 297912002103 |
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Preparer of this slip has confirmed that facsimile number given is correct: 11487/BMH2

Comments:

Application No. 10/772,703

Attached a) RCE, b) Fee Transmittal (original and duplicate), c) Petition for Extension of Time, d) Response to final Office Action – 7 pages.

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APR 20 2007

PTO/SB/17 (02-07)

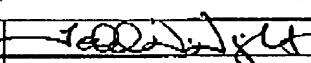
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| | | | |
|---|--|--|--|
| Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007 | | Complete if Known Application Number 10/772,703 Filing Date February 5, 2004 First Named Inventor William M. COLONE Examiner Name W. Aughenbaugh Art Unit 1772 Attorney Docket No. 297912002103 | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 1,240.00 | | | |

| | |
|--|--|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments | |

| FEE CALCULATION | | | | | | | |
|---|---------------------|---|--------------------------------|-----------------------|----------------------------------|-----------------------|------------------------------|
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| Fee Description | | | | | | | Small Entity Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | | 25 |
| Each independent claim over 3 (including Reissues) | | | | | | | 100 |
| Multiple dependent claims | | | | | | | 180 |
| Total Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | Fee Paid (\$) |
| 17 | | - 40 = | x | | Fee (\$) | | Fee Paid (\$) |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| Indep. Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | | | |
| 3 | | - 6 = | x | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | | | |
| | - 100 = | /50 | (round up to a whole number) x | | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | 790.00 |
| Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... | | | | | | | 450.00 |
| 1252 Extension for response within second month | | | | | | | |

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|--------------------------|---|--------------------------------|---------------------------------|
| SUBMITTED BY | | Registration No. 45,218 | Telephone (949) 251-7189 |
| Signature |  | (Attorney/Agent) | Date April 20, 2007 |
| Name (Print/Type) | Todd W. Wight | | |

cc-328120